

Lincoln Police Department
James Peschong, Chief of Police
575 South 10th Street
Lincoln, Nebraska 68508

402-441-7204
fax: 402-441-8492



MAYOR CHRIS BEUTLER

lincoln.ne.gov

May 15, 2012

Mayor Beutler and City Council
City of Lincoln
City County Building
Lincoln, NE

Mayor Beutler and Members of the City Council:

An investigation has been made regarding the application of Guesthouse Inn, 5250 Cornhusker Highway requesting a class I liquor license.

Tamra Wardyn has requested that she be approved as the manager of the liquor license.

Background information on the applicant is as follows:

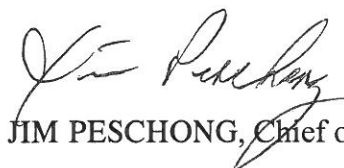
Tamra Wardyn was born in Wayne, Nebraska. She attended North Platte High School graduating in 1986.

Tamra Wardyn employment history is as follows:

| | | |
|-------------|----------------------------------|-------------------|
| Present | Owner, Guesthouse Inn | Lincoln, NE. |
| 2011 | Secretary, Dowhower Construction | North Platte, NE. |
| 2010 - 2011 | Saunders House | Wahoo, NE. |
| 2004 - 2010 | Liberty House | Wahoo, NE. |

The applicant has been informed on the required training.

If this application is approved, it should be with the understanding that it conforms to all the rules and regulations of Lincoln, Lancaster County and the State of Nebraska.


JIM PESCHONG, Chief of Police



A nationally accredited law enforcement agency



PREMISE INFORMATION**RECEIVED**Trade Name (doing business as) Lami Enterprises, LLC

MAY 3 2012

Street Address #1 5250 Cornhusker Hiway

Street Address #2 _____

NEBRASKA LIQUOR
CONTROL COMMISSIONCity Lincoln NE County Lancaster Zip Code 68504Premise Telephone number 402-464-3171

Is this location inside the city/village corporate limits:



YES



NO

Mailing address (where you want to receive mail from the Commission)

Name Guesthouse Inn / Lami Enterprises, LLCStreet Address #1 5250 Cornhusker Hiway

Street Address #2 _____

City Lincoln NE State NE Zip Code 68504**DESCRIPTION AND DIAGRAM OF THE STRUCTURE TO BE LICENSED**
READ CAREFULLY

In the space provided or on an attachment draw the area to be licensed. This should include storage areas, basement, outdoor area, sales areas and areas where consumption or sales of alcohol will take place. If only a portion of the building is to be covered by the license, you must still include dimensions (length x width) of the licensed area as well as the dimensions of the entire building. No blue prints please. Be sure to indicate the direction north and **number of floors** of the building.

****For on-premise consumption liquor licenses minimum standards must be met by providing at least two restrooms**

Length 277' feetWidth 300' feet

PROVIDE DIAGRAM OF AREA TO BE LICENSED BELOW OR ATTACH SEPARATE SHEET

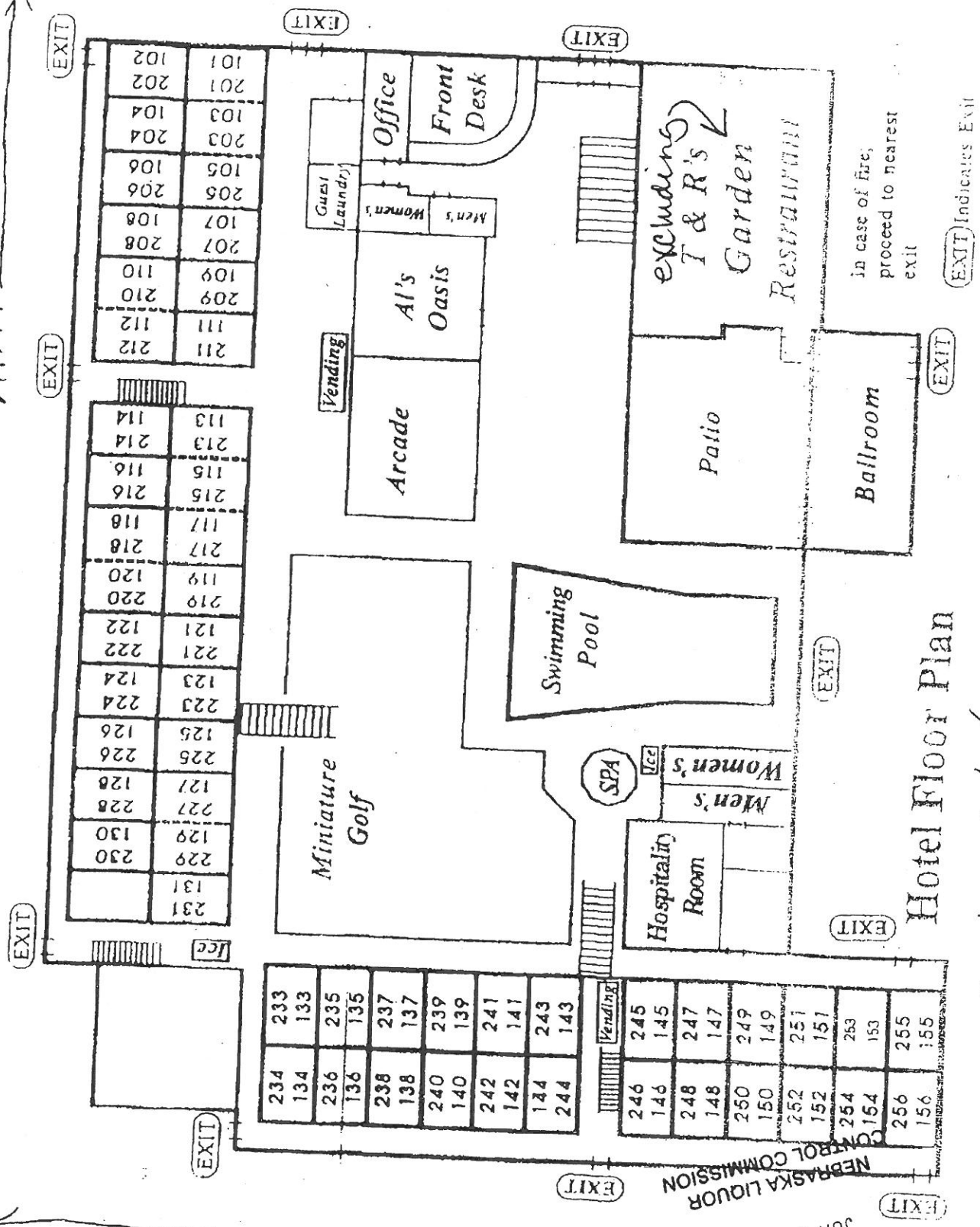
SEE
ATTACHED

RECEIVED

JUN 17 2009

276.02 feet

289.77 feet



APPLICANT INFORMATION

1. READ CAREFULLY. ANSWER COMPLETELY AND ACCURATELY.

Has anyone who is a party to this application, or their spouse, EVER been convicted of or plead guilty to any charge. Charge means any charge alleging a felony, misdemeanor, violation of a federal or state law; a violation of a local law, ordinance or resolution. List the nature of the charge, where the charge occurred and the year and month of the conviction or plea. Also list any charges pending at the time of this application. If more than one party, please list charges by each individual's name.

☒ YES ☐ NO

If yes, please explain below or attach a separate page.

MAY 3 2012

| Name of Applicant | Date of Conviction (mm/yyyy) | Where Convicted (city & state) | Description of Charge | Disposition |
|-------------------|------------------------------|--------------------------------|--------------------------|----------------|
| Tamra Wardy | 2002 | No. Platte NE | Theft By Unlawful Taking | Misdemeanor |
| " " | 2010 | Elkhorn NE | DUI | Fine + Rest. |
| | | | | Non Chargeable |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

2. Are you buying the business of a current retail liquor license?

☒ YES ☐ NO (Leasing)

If yes, give name of business and liquor license number

Guesthouse Inn & Suites 786048

a) Submit a copy of the sales agreement

b) Include a list of alcohol being purchased, list the name brand, container size and how many

c) Submit a list of the furniture, fixtures and equipment

3. Was this premise licensed as liquor licensed business within the last two (2) years?

☒ YES ☐ NO

If yes, give name and license number

4. Are you filing a temporary operating permit to operate during the application process?

☒ YES ☐ NO

If yes:

a) Attach temporary operating permit (T.O.P.) (form 125)

b) T.O.P. will only be accepted at a location that currently holds a valid liquor license.

5. Are you borrowing any money from any source, include family or friends, to establish and/or operate the business?

☐ YES ☒ NO

If yes, list the lender(s)

APPLICATION FOR LIQUOR LICENSE
LIMITED LIABILITY COMPANY (LLC)
INSERT - FORM 3b

NEBRASKA LIQUOR CONTROL COMMISSION
301 CENTENNIAL MALL SOUTH
PO BOX 95046
LINCOLN, NE 68509-5046
PHONE: (402) 471-2571
FAX: (402) 471-2814
Website: www.lcc.ne.gov

Office Use

All members including spouse(s), are required to adhere to the following requirements:

- 1) All members spouse(s) must be listed
- 2) Managing/Contact member and all members holding over 25% interest and their spouse(s) (if applicable) must submit fingerprints (2 cards per person)
- 3) Managing/Contact member and all members holding over 25 % shares of stock and their spouse (if applicable) must sign the signature page of the Application for License form 100 (even if a spousal affidavit has been submitted)

Attach copy of Articles of Organization (Articles must show barcode receipt by Secretary of States office)

Name of Registered Agent: LMT Enterprises, LLC 010161492

Name of Limited Liability Company that will hold license as listed on the Articles of Organization

LLC Address: 5250 Cornhusker Hiway
City: Lincoln State: NE Zip Code: 68504

LLC Phone Number: 402-443-9329 LLC Fax Number

Name of Managing/Contact Member

Name and information of contact member must be listed on following page

Last Name: Wardyn First Name: Tamra MI: L.

Home Address: 408 So. Ash City: No. Platte

State: NE Zip Code: 69101 Home Phone Number: 308-530-3229

Signature of Managing/Contact Member

ACKNOWLEDGEMENT

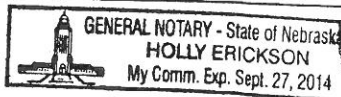
State of Nebraska
County of LANCASTER

3rd day of May, 2012
Date
Holly Erickson

The foregoing instrument was acknowledged before me this

by TAMRA L. WARDYN
name of person acknowledge

Affix Seal



List names of all members and their spouses (even if a spousal affidavit has been submitted)

Last Name: Wardyn First Name: Tamra MI: L

Social Security Number: _____ Date of Birth: _____

Spouse Full Name (indicate N/A if single): _____

Spouse Social Security Number: _____ Date of Birth: _____

Percentage of member ownership 100%

MAY 3 2012

NEBRASKA LIQUOR
CONTROL COMMISSION

Last Name: _____ First Name: _____ MI: _____

Social Security Number: _____ Date of Birth: _____

Spouse Full Name (indicate N/A if single): _____

Spouse Social Security Number: _____ Date of Birth: _____

Percentage of member ownership _____

Last Name: _____ First Name: _____ MI: _____

Social Security Number: _____ Date of Birth: _____

Spouse Full Name (indicate N/A if single): _____

Spouse Social Security Number: _____ Date of Birth: _____

Percentage of member ownership _____

Last Name: _____ First Name: _____ MI: _____

Social Security Number: _____ Date of Birth: _____

Spouse Full Name (indicate N/A if single): _____

Spouse Social Security Number: _____ Date of Birth: _____

Percentage of member ownership _____

**MANAGER APPLICATION
INSERT - FORM 3c**

NEBRASKA LIQUOR CONTROL COMMISSION
301 CENTENNIAL MALL SOUTH
PO BOX 95046
LINCOLN, NE 68509-5046
PHONE: (402) 471-2571
FAX: (402) 471-2814
Website: www.lcc.ne.gov

Office Use

RECEIVED

MAY 3 2012

NEBRASKA LIQUOR
CONTROL COMMISSION

Corporate manager, including their spouse, are required to adhere to the following requirements

- 1) Must be a citizen of the United States
- 2) Must be a Nebraska resident (Chapter 2 - 006) and must provide proof of voter registration in the State of Nebraska
- 3) Must provide a copy of one of the following: state issued US birth certificate, naturalization paper or US passport
- 4) Must submit fingerprints (unless a non-participating spouse) (2 cards per person) and fees of \$38 per person, made payable to Nebraska State Patrol
- 5) Must be 21 years of age or older
- 6) May be required to take a training course

Corporation/LLC information

Name of Corporation/LLC: LAMI Enterprises, LLC

Premise information

Premise License Number: _____

Premise Trade Name/DBA: _____ (if new application leave blank)

Premise Trade Name/DBA: Oasis Lounge

Premise Street Address: 5250 Cornhusker Hiway

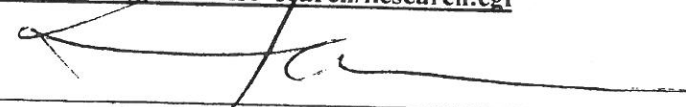
City: Lincoln

State: NE

Zip Code: 68504

Premise Phone Number: _____

The individual whose name is listed as a corporate officer or managing member as reported on insert form 3a or 3b or listed with the Commission. Click on this link to see authorized individuals.
http://www.lcc.ne.gov/license_search/licsearch.cgi



CORPORATE OFFICER/MANAGING MEMBER SIGNATURE
(Faxed signatures are acceptable)

Manager's information must be completed below PLEASE PRINT CLEARLY

Gender: ☐ MALE

☒ FEMALE

Last Name: Wardyn First Name: Tamra MI: L

Home Address (include PO Box if applicable): 408 So. Ash

City: North Platte County: NE Zip Code: 69101

Home Phone Number: 308-530-3229 Business Phone Number: 402-464-3171

Social Security Number: _____ Drivers License Number & State: NE

Date Of Birth: _____ Place Of Birth: Wayne, NE

Are you married? If yes, complete spouse's information (Even if a spousal affidavit has been submitted)

☐ YES

☒ NO

Spouse's information

Spouses Last Name: _____ First Name: _____ MI: _____

Social Security Number: _____ Drivers License Number & State: _____

Date Of Birth: _____ Place Of Birth: _____

APPLICANT & SPOUSE MUST LIST RESIDENCE(S) FOR THE PAST TEN (10) YEARS

APPLICANT

SPOUSE

| CITY & STATE | YEAR FROM | YEAR TO | CITY & STATE | YEAR FROM | YEAR TO |
|------------------|--------------|------------|----------------|--------------|------------|
| North Platte, NE | 2011 | 2012 | Wahoo, NE | 2005 | 2010 |
| Wahoo, NE | 2010 | 2011 | No. Platte, NE | 1976 | 2005 |
| Lincoln, NE | 2010 | 2010 | | | |

Bureau of Vital Statistics

CERTIFICATE OF LIVE BIRTH

01 10004

BIRTH NO. 126

| | | | |
|---|--|--|--|
| 1. PLACE OF BIRTH a. COUNTY Wayne b. CITY (If outside corporate limits, write RURAL) Wayne c. FULL NAME OF (If NOT in hospital or institution, give street address or location) Wayne Hospital | | 2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Nebraska b. COUNTY Cedar c. CITY (If outside corporate limits, write RURAL) Laurel d. STREET ADDRESS Laurel | |
| 3. CHILD'S NAME (Type or print) a. (First) Tamra b. (Middle) Leigh c. (Last) Nielsen | | 4. SEX Single <input checked="" type="checkbox"/> Twin <input type="checkbox"/> Triplet <input type="checkbox"/> 5a. THIS BIRTH 5b. If TWIN OR TRIPLET (This child born) 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> 6. DATE OF BIRTH (Month) (Day) (Year) | |
| 7. FULL NAME a. (First) Niels b. (Middle) Kristian c. (Last) Nielsen 8. COLOR OR RACE white | | 9. AGE (At time of this birth) 29 Yrs. 10. BIRTHPLACE (City, town, or county) (State or foreign country) Kirby, Denmark 11a. USUAL OCCUPATION Truck Driver 11b. KIND OF BUSINESS OR INDUSTRY Bulk Milk Pick Up 12. FULL MAIDEN NAME a. (First) Marno b. (Middle) Grace c. (Last) McKissor 13. COLOR OR RACE white | |
| 14. AGE (At time of this birth) 24 Yrs. 15. BIRTHPLACE (City, town or county) (State or foreign country) Minneapolis, Kansas 16. Children Previously Born to This Mother (Do NOT include this child) a. How many OTHER children are now living? 2 b. How many OTHER children were born alive but are stillborn (born dead after 20 weeks pregnancy)? none 17. INFORMANT'S SIGNATURE OR NAME--Relationship Mrs. Niels K. Nielsen, Mother Was serologic test made on blood from mother of this child? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date 6-6-67 If serologic test not made, state reason why | | 18a. SIGNATURE Robert S. Embick 18b. ATTENDANT AT BIRTH M. D. <input checked="" type="checkbox"/> Midwife <input type="checkbox"/> Other (Specify) 19. MOTHER'S MAILING ADDRESS Mrs. Niels Nielsen P. O. Box 461 Laurel, Nebraska 68745 | |
| I hereby certify that this child was born alive on the date stated above at 5:58 p.m. | | 20. DATE RECD BY LOCAL REC Wayne, Nebraska | |

WHEN THIS COPY CARRIES THE RAISED SEAL OF THE NEBRASKA STATE DEPARTMENT OF HEALTH, IT CERTIFIES THE ABOVE TO BE A TRUE COPY OF AN ORIGINAL RECORD ON FILE WITH THE STATE DEPARTMENT OF HEALTH, BUREAU OF VITAL STATISTICS, WHICH IS THE LEGAL DEPOSITORY FOR VITAL RECORDS.

Ireda Thue
DIRECTOR OF VITAL STATISTICS AND ASSISTANT STATE REGISTRAR
LINCOLN, NEBRASKA
Issued July 12, 1977